



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Background Check Central Unit
PO Box 45025, Olympia, Washington 98504-5025

CONFIDENTIALITY NOTICE

For authorized personnel only. If received in error, please contact the Background Check Central Unit immediately at bccuinquiry@dshs.wa.gov or (360) 902-0299. You are hereby notified that any improper use involving these documents including disclosure, copying, distribution or other action is strictly prohibited. This information and any attachments are protected under State and Federal law. This information is intended for use by the Requester ONLY.

January 18, 2006

«First_Name» «Mid_Name» «Last_name»

Date of Birth

Inquiry ID: «inquiry_Id»

Background Check Requester:

Based on information provided by the applicant, and available information from the Washington State Patrol (WSP), the Department of Corrections (DOC), the Department of Social and Health Services (DSHS), the Department of Health (DOH), and depending on program requirements, from other states, Background Check Central Unit (BCCU) has identified:

**CONVICTIONS AND/OR OTHER NEGATIVE ACTIONS AGAINST THE APPLICANT
are on the SECRETARY'S LIST OF DISQUALIFYING CRIMES AND NEGATIVE ACTIONS**

The convictions and/or negative actions listed are found on one of the department's list of disqualifying crimes and negative actions. It is your responsibility to review this information thoroughly and to follow applicable program requirements to determine this applicant's suitability for employment. Please be aware that BCCU's ability to collect information about this applicant is limited by the accuracy of the information provided and information available as of this date.

You are required to:

1. Review the name and date of birth listed above. Report any errors in spelling to BCCU immediately at bccuinquiry@dshs.wa.gov or (360) 902-0299. Include the applicant's name and inquiry ID number listed above.
2. Review the information to determine this applicant's character, competence and suitability to perform the specific assigned job duties. Your determination must be based on applicable law, current regulations and program requirements.
3. Provide the applicant with a copy of this letter and any attached information.
4. File this letter, any attached information, and the original authorization form in a secure location.

It is the applicant's responsibility to verify and update the information. If the applicant believes:

1. WSP information is incorrect, contact the WSP Customer Service at (360) 705-5100.
2. DOC information is incorrect, contact the DOC at (360) 664-0213.
3. The negative actions against the applicant are incorrect, contact the office listed.
4. Information reported by the Administrative Office of the Courts', Justice Information System (JIS) is incorrect, contact the court which made the decision.
5. The reported information is not the applicant's information, contact BCCU at bccuinquiry@dshs.wa.gov or (360) 902-0299 to request thumbprint instructions. Please provide the applicant's name and inquiry ID number listed above.

Source of Crimes/Negative Actions Reported: